

16. State Principal Assignments During at Least the Past 5 Years: (attach additional sheet as necessary)

Period: Number of Assignments: Names of Clients or Organizations:

17. Business History During Past 10 Years: (attach additional sheet as necessary)

Dates From: To: Occupation: Name of Employer: Address:

18. For VA, List and Submit at Least 3 Letters Attesting to Your Qualifications. HUD Requires Three Reference Contacts Only.

References: Occupation: Address:

19. **To be completed by HUD applicants only:** To avoid the possibility of any conflict of interest, the following certifications are to be completed by personnel qualified to receive assignments from HUD or HUD approved lending institutions for HUD/FHA mortgage insurance applications. The term "interest" refers to direct interest as well as any "interest" held by relatives, business associates, or other controlled persons.

Note: Any of the following items that have been struck out and initialed are exempted from this certificate and are to be explained truthfully in an attached letter.

- (a) I do not own more than 10% interest in any lender doing business with HUD in the local HUD office jurisdiction.
- (b) I certify that I do not actively engage in the management or operation of a lending institution doing business with HUD.
- (c) I certify that I will not accept any assignments for fee work in a transaction in which I have an interest with respect to the mortgage, the borrower (if known), the property, the broker, contractor or contract owner involved (if any).
- (d) I have not been suspended, debarred or in any way disqualified from participating in HUD programs.
- (e) I certify that I have read HUD Handbook 4150.1, Valuation Analysis.

20a. Number of Assignments You Will Accept Per Week: 20b. or Hours You Will Work: 20c. Maximum No. of Assignments You Will Accept at One Time:

I, The Undersigned, Understand and Agree That:

- (a) The approval of this application does not constitute my appointment as an agent or employee of HUD/FHA or DVA/VA.
- (b) In performing fee work my status is that of an independent contractor.
- (c) My sole interest in all transactions shall be to perform fee assignments as required by HUD or VA standards and criteria.

I hereby certify that to the best of my knowledge all the information stated herein, as well as any information provided in the accompaniment herewith, is true, accurate, and complete.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

21. Date Signed: 22. Applicant's Signature: (do not print)

X

Reviewing Official Complete the following items:

23. This Application has been reviewed and I hereby recommend:
☐ Designation
☐ Disapproval

24. Date of Action: 25. Signature of Reviewing Officer
X

This applicant is being recommended in the county(ies) appraisal areas and/or State shown below:

26. County(ies): 27. State:

Fee or Roster Designation

Check One: ☐ **U.S. Department of Housing and Urban Development (HUD)**

HUD OMB Approval No. 2502-0122
(exp. 11/30/97)

Application for Fee Personnel Designation

☐ **Department of Veterans Affairs (VA)** VA OMB Approval No. 2900-0113

Respondent Burden: Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0122), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600 and VA Clearance Officer (723) Paperwork Reduction Project (2900-0113), 810 Vermont Avenue, NW, Washington, DC 20420. Do not send requests for benefits to these addresses.

Privacy Act Statement: The information you provide will enable the designated agency to determine whether you qualify for designation in the position for which you are applying. The information will not be disclosed outside the designated agency without your consent except to verify its accuracy and, when relevant to civil, criminal, or regulatory investigations and prosecutions, including the routine uses identified in VA system of records, 17VA26, Loan Guaranty Fee Personnel and Program Participant Records, published in the Federal Register. It will not be otherwise disclosed or released outside of the designated agency except as required and permitted by law. The Department of Housing and Urban Development (HUD) is authorized to collect this information by Title I, Section I of the National Housing Act (Pub. L. 479, 48 Stat. 1246, 12 U.S.C., 1701 et seq.). The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The Department of Veterans Affairs (VA) is authorized to collect this information by Chapter 37, Title 38 U.S.C. **Penalty:** The provision of the SSN to VA is voluntary; the provision of the SSN to HUD is mandatory. Failure to provide any of the requested information could affect the decision to approve your application since this decision will be made only on the basis of available information we currently have on record. This may result in a delay in the processing of your application.

Instructions: Please use typewriter or print clearly. Mail the completed form to the VA Regional Office or the HUD Field Office having supervision over the area in which you intend to operate. If this application is to be submitted to VA, an executed VA Form 26-6684, Statement of Fee Appraisers or Compliance Inspectors must be attached.

Designation Being Applied For:

☐ **Appraiser Real Estate** ☐ **Compliance Inspector**
☐ **Staff Appraisal Reviewer (Lender Appraisal Processing Program)**

1. Name of Applicant: (first-middle-last)		2. Date of Birth: (mo/day/yr)		3. Social Security Number:		HUD required / VA Voluntary 3a. Sex: <input type="checkbox"/> (1) Male <input type="checkbox"/> (2) Female 3b. Race: <input type="checkbox"/> (1) White Non-Hispanic <input type="checkbox"/> (2) Black Non-Hispanic <input type="checkbox"/> (3) American Indian / Alaskan Native <input type="checkbox"/> (4) Asian / Pacific Islander <input type="checkbox"/> (5) Hispanic <input type="checkbox"/> (7) Hispanic Black <input type="checkbox"/> (8) Asian Indian American	
4. Residence Address: (number & street or rural route, city or P.O., county, State, zip code)				5. Telephone Number: (include area code)			
6. Business Address:				7. Business Phone: (include area code)			
8. Present Occupation:		9. Name & Address of Present Employer:		10. Education: No. of Years a. High School b. College c. Name of Degree(s) (If applicable)			
11. Special Education or Training — Vocational, Business or Special Courses: (Enter course and school name and location)							
12. Professional Organizations of Which You Are a Member:				13. Registration/License Information:			
				Kind	Registration/License No.	State Where Issued	Expiration Date
14a. Have You Been Previously Approved By VA or HUD for a Fee Position? <input type="checkbox"/> Yes (If "Yes," complete Items 14b & 14c) <input type="checkbox"/> No		14b. Office Name & Address:			14c. Dates of Fee Activity for VA or HUD From: To:		
15. Comments:							